10/27/2016 14 : 21

Image# 201610279034670004 PAGE 1/2

## 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FUL     Zeldin For Cong   |                    |                            |                           |   |            |                        |                                  |  |  |
|--|--------------------|----------------------------|---------------------------|---|------------|------------------------|----------------------------------|--|--|
| ADDRESS (number and street)                    | 47 Flintlock Drive |                            |                           |   |            |                        |                                  |  |  |
| CITY STATE Shirley NY                          |                    |                            | _                         | ZIP CODE<br>11967                                 |            | -                      |                                  |  |  |
| 2. NAME OF CANDIDATE                           |                    |                            |                           | 3. OFFICE SOUGHT (State and District) House NY 01 |            |                        | 4. FEC IDENTIFICATION            | 4. FEC IDENTIFICATION NUMBER   |  |
| ZELDIN, LEE, M, ,                              |                    |                            | C00552547                 |   |            |                        |                                  |  |  |
| 5. IS THIS AN AMENDMENT?                       | NO, THIS IS A      | NEW FILING                 |                           | YES, IT AMEN                                      | IDS THE    | NOTICE FILED ON        | //                               |  |  |
| Blavatnik, Leonard, , ,                        |                    |                            |                           | Name of Employer<br>Access Industries             |            |                        | Date (month, day, year)          | Amount   |  |
| MAILING ADDRESS<br>730 Fifth Avenue 20th FI    |                    |                            |                           | Transaction ID : F6.40500                         |            |                        | 10/26/2016                       | 2400.00  |  |
| CITY   | STATE              | ZIP C                      | ODE                       | Occupation  |            |                        |                                  |  |  |
| New York                                       | NY                 | 1001                       | 19                        | Chairman  |            |                        |                                  |  |  |
| B. FULL NAME CONA-PAC                          |                    |                            |                           | Name of Employer                                  |            |                        | Date (month, day, year)          | Amount   |  |
| MAILING ADDRESS<br>110 W Louisiana Ave Ste 312 |                    |                            |                           | Transaction ID : F6.40506                         |            |                        | 10/27/2016                       | 2000.00  |  |
| CITY   | STATE              | ZIP C                      | ODE                       | Occupation  | D . 1 0.   | 40300                  |                                  |  |  |
| Midland  | TX 79701           |                            | 'O1                       |   |            |                        |                                  |  |  |
| C. FULL NAME                                   | 170                | 101                        | -                         | Name of Emplo                                     | over       |                        | Date (month,                     | Amount   |  |
| <b>GUTHRIE FOR C</b>                           | ONGRESS            | 3                          |                           |   | -,         |                        | day, year)                       |  |  |
| MAILING ADDRESS<br>PO BOX 9639                 |                    |                            | Transaction ID : F6.40501 |   |            | 10/26/2016             | 1000.00                          |  |  |
| CITY   | STATE              | ZIP C                      | ODE                       | Occupation  |            |                        |                                  |  |  |
| BOWLING GREEN                                  | KY                 | 4210                       | n2                        |   | ·          |                        |                                  |  |  |
| D. FULL NAME                                   | IXI                | 7210                       |                           | Name of Emplo                                     | over       |                        | Date (month,                     | Amount   |  |
| LONE STAR LEADERSHIP PAC                       |                    |                            |                           | Name of Employer                                  |            |                        | day, year)                       |  |  |
| MAILING ADDRESS<br>PO BOX 30844                |                    |                            |                           |   |            |                        | 10/26/2016                       | 1000.00  |  |
| PO BOX 30844                                   |                    |                            | Transaction ID : F6.40498 |   |            |                        |                                  |  |  |
| CITY   | STATE              | STATE ZIP CODI<br>MD 20824 |                           | Occupation  |            |                        |                                  |  |  |
| BETHESDA                                       | MD                 |                            |                           |   |            |                        |                                  |  |  |
| E. FULL NAME NATIONAL PRO-LIFE ALLIANCE PAC    |                    |                            |                           | Name of Employer                                  |            |                        | Date (month, day, year)          | Amount   |  |
| MAILING ADDRESS<br>5211 PORT ROYAL ROAL        | <u> </u>           |                            |                           |   |            |                        | 10/26/2016                       | 5000.00  |  |
| SUITE 500                                      |                    |                            | Transaction ID : F6.40502 |   |            |                        |                                  |  |  |
| CITY   | STATE              | ZIP C                      | ODE                       | Occupation  | Occupation |                        |                                  |  |  |
| SPRINGFIELD                                    | VA                 | 221                        | 51                        |   |            |                        |                                  |  |  |
| SIGNATURE (optional)  Marks, Nancy, , ,        | 1                  | ı                          |                           | [Electronically                                   | Filed]     | <b>DATE</b> 10/27/2016 | Federal Ele<br>999 E Street, NW, | formation contact:<br>ction Commission<br>Washington, DC 20463<br>1530, Local 202-694-1100 |  |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



Image# 201610279034670005 PAGE 2 / 2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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| NAME OF COMMITTEE IN FULL                           |                                       |                              |         |
|---|---------------------------------------|------------------------------|---------|
| Zeldin For Congress                                 |                                       |                              |         |
| ADDRESS (number and street) 47 Flintlock Drive      |                                       | 1                            |         |
| CITY, STATE, and ZIP CODE                           |                                       | _                            |         |
| Shirley   | NY 11967                              | continuation page            |         |
| 2. NAME OF CANDIDATE                                | 3. OFFICE SOUGHT (State and District) | 4. FEC IDENTIFICATION NUMBER |         |
| ZELDIN, LEE, M, ,                                   | House NY 01                           | C00552547                    |         |
| 5. IS THIS AN AMENDMENT? X NO, THIS IS A NEW FILING | YES, IT AMENDS THE NOTICE FILED ON    | /                            | 1       |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE          | Name of Employer                      | Date (month,                 | Amount  |
| R.O.S.K.A.M. PAC                                    |                                       | day, year)                   |         |
| 610 S.Boulevard                                     |                                       | 10/27/2016                   | 5000.00 |
| 010 O.Boulevard                                     | Transaction ID: F6.40505              |                              |         |
| T 00000   | Occupation                            |                              |         |
| Tampa FL 33606                                      |                                       |                              |         |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE          | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE          | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE          | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE          | Name of Employer                      | Date (month, day, year)      | Amount  |
|   |                                       |                              |         |
|   | Occupation                            |                              |         |
|   | Occupation                            |                              |         |